

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>08/883,220-Conf. #4953</td> </tr> <tr> <td>Filing Date</td> <td>June 26, 1997</td> </tr> <tr> <td>First Named Inventor</td> <td>Ze'ev SOHN</td> </tr> <tr> <td>Title</td> <td>Methods and Devices for the Treatment of Airway Obstruction, etc.</td> </tr> <tr> <td>Art Unit</td> <td>3734</td> </tr> <tr> <td>Examiner Name</td> <td>G. Jackson</td> </tr> <tr> <td>Attorney Docket No.</td> <td>5074X-000005/US</td> </tr> </table>	Application Number	08/883,220-Conf. #4953	Filing Date	June 26, 1997	First Named Inventor	Ze'ev SOHN	Title	Methods and Devices for the Treatment of Airway Obstruction, etc.	Art Unit	3734	Examiner Name	G. Jackson	Attorney Docket No.	5074X-000005/US
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Examiner Name	G. Jackson														
Attorney Docket No.	5074X-000005/US														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

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OR

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Practitioner(s) Name	Registration Number	Practitioner(s) Name	Registration Number

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☒ The address associated with the above-mentioned Customer Number:

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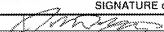
☐ Applicant/Inventor.

OR

☒ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_

**SIGNATURE of Applicant or Assignee of Record**

Signature 	Date 27 September 2012
Name John F. Thompson, Esq.	Telephone (720) 890-3200
Title and Company Senior Legal Counsel, Medtronic Xomed, Inc.	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of 1 forms are submitted.